

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

XUUO

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm	ant Nama			Telephone Number	Data of I		I north star of	
		,	المالية	siz 423 4842	Date of Inspection (mm/dd/yr) PERMIT #			
Establishment Address (number and street, city, state, zip code)				- 100 1016	11/22/	2019	19-11	
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	oli Yike		Flyds Kobs. W 47119		<u> </u>		<u> </u>	
Оwner				Purpose:	Follow-up Release Date			
				Routine	NO TODAY			
Owner's A	ddress			2. Follow-up	Summary of Violations:			
<u> </u>	<u></u>		· · · · · · · · · · · · · · · · · · ·	3. Complaint	1t			
Person in C	_			4. Pre-Operational	4. Pre-Operational C NC R			
	Kee				5. Temporary Menu Type (See back of page)			
Responsibl	e Person's	E-ma	il	1				
	<u></u>	•	<u> </u>					
Certified F				7. Other (list)	12_	3 _X	_45	
Must	برنيوا وإن	<u> </u>	ithin 60 days			•		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
Section#						To Be Corrected By		
118	C			1 / 1				
110			Observed establishment without withfred Fied manager 600 days					
			- 5 year					
			- Fred Safety Manager					
			- Must test in person					
			1101 101 10 101 27.					
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Received by (name and title printed): Inspected by (name and title printed):								
Step	hen	K	nor hor	A.J. Ingram (EHS)				
Received by	(signature)			Inspected by (signature):		- 0]		
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